

CARVER CENTER
200 Willie Palmer Way, Purcellville, VA 20132
Department of Parks, Recreation and Community Services/Area Agency on Aging
ANNUAL MEMBERSHIP: \$28.00

The minimum age requirement for Senior Programs is 55 years of age. Information provided on this form is kept in a secure environment and used for programmatic and/or emergency information only. Other than the Area Agency on Aging or emergency services, it is not shared with any other organization or individual without your consent.

PLEASE PRINT AND COMPLETE BOTH SIDES OF APPLICATION:

Last Name _____ **First Name** _____ **M.I.** _____

Date of Birth: ____/____/19____ **(Preferred).Name** _____
 Month Day Year

Please provide e-mail address: (optional)

Mailing Address: _____ **Apt #:** _____

Physical Address (if different from mailing) _____

City: _____ **County** _____ **State:** _____ **Zip:** _____

Telephone: (Home) _____ **(Other/Cell)** _____

Emergency Contact Information:

1st Contact Name: _____ **Relationship:** _____

1st Contact Telephone: (Home) _____ **(Work/Cell)** _____

2nd Contact Name: _____ **Relationship:** _____

2nd Contact Telephone: (Home) _____ **(Work/Cell)** _____

PLEASE CIRCLE APPROPRIATE RESPONSE FOR STATISTICAL PURPOSES:

Annual household income: For family of one: \$12,140 or below \$12,141 or above

For family of two: \$16,460 or below \$16,461 or above

Family in Home: Yourself Spouse Dependent Others _____

Gender: Male Female

Marital Status: Married Widowed Separated Divorced Single

Race: African American White or Caucasian Native Hawaiian or Pacific Islander
 Asian American Indian/Alaskan Native Two or more races combined
 Other _____

Ethnicity: Hispanic or Latino Origin or Not Hispanic or Latino Origin

Please complete medical information on back

Medical information is requested for your protection when participating in Loudoun County Senior Programs (including activities, trips and special events). As with all information, rules of confidentiality are followed to protect your privacy. This page also serves as your health form for senior day trips.

PLEASE PRINT:

Last Name _____ Preferred Name _____

Physician's Name: _____ City: _____ State: _____

Physician's Phone: (_____) _____

Overall Health: _____ Excellent _____ Good _____ Fair _____ Poor

All Allergies: _____

All Medical Conditions or Diagnoses: _____

All Current Medications (include over the counter)	Dose and Frequency (mg./x per day)	Reason Prescribed

Communication: _____ English _____ other (specify) _____
 _____ cannot communicate _____ hearing impaired _____ sign/gestures

Member Agreement:

I recognize that all activities, classes, trips and transportation provided by the Department of Parks, Recreation and Community Services (PRCS) involve some risk and, by registering for a specific activity, I am representing that I understand possible risks involved with this type of activity. Furthermore, I understand that Loudoun County PRCS will not be responsible for me when I am traveling to and from an activity via transportation not provided by the County of Loudoun.

I give permission for Loudoun County PRCS to use photographs and videos of me for publicity in order to increase community awareness of PRCS programs and in publications and other media without limitation.

(If neither yes or no is circled – signature below will imply authorization) ☐ YES ☐ NO

Signature: _____ Date: ____/____/____

The Loudoun County Department of Parks, Recreation and Community Services (PRCS) is committed to complying with the Americans with Disabilities Act (ADA). If you need accommodations in order to participate in PRCS activities, please contact the program/location manager (or PRCS administrative office at 703-777-0343/TTY 711) two weeks prior to the start of the activity.